

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42848

11338

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5611 Bartmer</u>	
3. NAME OF DECEASED (Type or Print) <u>Martha Cousins</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 21 - 51</u>		5. STREET ADDRESS (If rural, give location) <u>5611 Bartmer</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single U</u>		8. DATE OF BIRTH <u>12/25/1876</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Cousins</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Allen</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Cousins Parry, 5611 Bartmer</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma spine origin</u> ANTECEDENT CAUSES <u>etc.</u> DUE TO (b) <u>Carcinoma Breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9-11-50</u> <u>1948</u> <u>1</u>	
19a. DATE OF OPERATION <u>Nov. 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Breast. Radical surgery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>					
22. I hereby certify that I attended the deceased from _____, 19 <u>40</u> , to <u>12.21.51</u> , 19____, that I last saw the deceased alive on <u>12-19-51</u> , 19____, and that death occurred at <u>12:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Clark D M.D.</u> (Degree or title)				23b. ADDRESS <u>864 Hamilton Blvd. St. Louis 12</u>		23c. DATE SIGNED <u>12-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 21 1951</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons, 6175 Delmar</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

not correct
About 3 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6750 Pellmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.